



IFW

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of:

Attorney Docket No.: 49594.32.1

PACKENBUSH

Application No.: 10/626,936

Examiner: OLSON, Lars A.

Filed: July 25, 2003

Group Art Unit: 3617

For: PERSONAL WATERCRAFT AND ACCESS OPENING SEAL

AMENDMENT

MAIL STOP AMENDMENT

Commissioner for Patents

PO Box 1450

Alexandria, VA 22313-1450

Sir:

Applicant submits this Amendment in response to the Office Action dated April 20, 2004 and mailed April 24, 2004, the unextended period for response which is set to expire July 22, 2004. Please charge any underpayment or credit any overpayment to Deposit Account No. 06-1910.

07/27/2004 CCHAU1 00000008 061910 10626936

01 FC:1202 18.00 DA



Customer No. 22859
Medrikson & Byron, P.A.
200 South Sixth Street, Suite 4000
Minneapolis, MN 55402-1425 USA
Telephone: (612) 492-7000
Facsimile: (612) 492-7077

Attorney Docket No. 49594.32.1

AMENDMENT TRANSMITTAL

In re the application of:

PACKEBUSH

Application No.: 10/626,936

Examiner: OLSON, L.

Filed: July 25, 2003

Group Art Unit: 3617

For: PERSONAL WATERCRAFT AND ACCESS OPENING SEAL

Mail Stop Amendment
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

[] Applicant(s) is/are entitled to small entity status in accordance with 37 CFR 1.27.

The filing fee has been calculated as shown below:

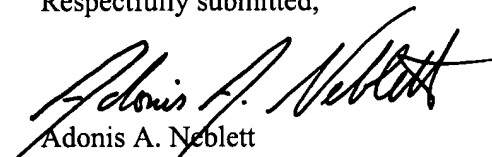
	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra (Equals)	Small Entity Rate	Add'l Fee	OR	Large Entity Rate	Add'l Fee
Total	32	- 31**	= 0	x 9	\$		x 18	\$18.00
Indep.	2	- 3***	= 0	x 43	\$		x 86	\$0.00
Mult. Dep.			=	+ 145	\$		+ 290	\$0.00
TOTAL					\$	OR	TOTAL	\$18.00

[] First Presentation of Multiple Dependent Claim [MDC]

- * If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior Amendment or the number of claims originally filed.

- [X] The Commissioner is hereby authorized to charge \$18.00 to cover the additional claim fee to our Deposit Account Number 06-1910. The Commissioner is hereby authorized to charge payment of any fees under 37 C.F.R. § 1.16 for presentation of extra claims or credit any overpayment to Deposit Account No. 06-1910.

Respectfully submitted,


Adonis A. Neblett
Registration No. 32,358

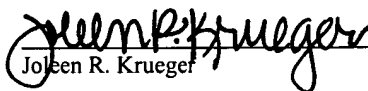
Please grant any extension of time necessary for entry; charge any fee due to Deposit Account No. 06-1910.

CERTIFICATE OF MAILING

I hereby certify that this document is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450 on

July 22, 2004

Date of Deposit


Joleen R. Krueger